

MONTHLY INSPECTION REPORT AND CERTIFICATION FORM

For Erosion and Sediment Controls

Inspections must be done weekly or after any rainfall of 0.5" or greater within a 24 hr. period and/or during prolonged rainfall, daily checking and repair.

Construction Storm Water General NPDES Permit No. _____

Chattanooga SWM Permit No. _____

(please print)

Owner and Prime Contractor: _____

Project Name: _____

Location: _____ Start-up Date: _____

Date all erosion/sediment controls were completed (Inspections must continue for another 8 weeks) _____

INSPECTION LOG

<u>Date</u>	<u>Time</u>	<u>After 0.5"</u> <u>24-Hr Rain?</u>	<u>Rain Gage Measurement</u> <u>(inches)</u>	<u>Any Deficiencies</u> <u>Observed? (Y or N)</u>	<u>Inspector(s)</u>
_____	_____	Yes or No	_____	Yes or No	_____
_____	_____	Yes or No	_____	Yes or No	_____
_____	_____	Yes or No	_____	Yes or No	_____
_____	_____	Yes or No	_____	Yes or No	_____
_____	_____	Yes or No	_____	Yes or No	_____
_____	_____	Yes or No	_____	Yes or No	_____

Deficiencies Noted During and Inspection (give date); attach additional sheets if necessary):

Corrective Action Taken or Planned (give date(s); attach additional sheets if necessary):

Based upon this inspection which I or personnel under my direct supervision conducted, I certify that all erosion and sediment controls have been implemented and maintained, except for those deficiencies noted above, in accordance with the Storm Water Pollution Prevention Plan filed with the Office of Chattanooga SWM section and good engineering practices as required by the above referenced permit.

I certify under penalty of Law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines for knowing violations.

Authorized Name (print)

Signature

Date

These reports shall be submitted monthly by mail or fax to:

Manager, Storm Water Management Section
City of Chattanooga, Public Works Department
1250 Market Street Suite 2100
Chattanooga TN 37402-2713

Telephone: (423) 757-5120
Fax: (423) 757-0041